

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

American Sunrise

ADDRESS (number and street)

424 E. Central Blvd.

#321

☐ Check if different
than previously
reported. (ACC)

Orlando

FL

32801

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00509455

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☒

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y /

in the
State of

FL

(d) 30-Day

POST-Election

Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y /

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y /

through

M M M /

D D D /

Y Y Y Y Y Y /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Alberto Romero

Signature of Treasurer

Alberto Romero

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Sunrise

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 / 01 / 2012 To: M M / D D / Y Y Y Y Y Y
07 / 25 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2012		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	267277.26	
(c) Total Receipts (from Line 19)	0.00	350050.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	267277.26	350050.00
7. Total Disbursements (from Line 31)	96927.67	179700.41
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	170349.59	170349.59
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Sunrise

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
07	/	01	/	2012

To:

M M	/	D D	/	Y Y Y Y Y Y
07	/	25	/	2012

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

0.00

350000.00

(ii) Unitemized

0.00

50.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

0.00

350050.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

0.00

350050.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

0.00

350050.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

0.00

350050.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	42284.67	125007.41
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	42284.67	125007.41
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	54643.00	54643.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	50.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	50.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	96927.67	179700.41
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	96927.67	179700.41

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	350050.00
34. Total Contribution Refunds (from Line 28(d))	0.00	50.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	350000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	42284.67	125007.41
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	42284.67	125007.41

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 9

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Sunrise

Full Name (Last, First, Middle Initial)

A. Hamilton Campaigns

Mailing Address 3391 South Fletcher Avenue

City	State	Zip Code
Fernandina Beach	FL	32034

Purpose of Disbursement
Consulting/Research & Consultant Travel

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		23		2012

Transaction ID : SB21B.4153

Amount of Each Disbursement this Period

2701.60

Full Name (Last, First, Middle Initial)

B. Hamilton Campaigns

Mailing Address 3391 South Fletcher Avenue

City	State	Zip Code
Fernandina Beach	FL	32034

Purpose of Disbursement
Polling

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		23		2012

Transaction ID : SB21B.4154

Amount of Each Disbursement this Period

13325.00

Full Name (Last, First, Middle Initial)

C. Stanford CampaignsMailing Address 2520 Longview Street
Suite 410

City	State	Zip Code
Austin	TX	78705

Purpose of Disbursement
Consulting/Research

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		10		2012

Transaction ID : SB21B.4130

Amount of Each Disbursement this Period

12500.00

SUBTOTAL of Disbursements This Page (optional).....▶

28526.60

TOTAL This Period (last page this line number only).....▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 9

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Sunrise

Full Name (Last, First, Middle Initial)

A. Stanford CampaignsMailing Address 2520 Longview Street
Suite 410

City Austin State TX Zip Code 78705

Purpose of Disbursement
Consultant Travel

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 10 2012

Transaction ID : SB21B.4131

Amount of Each Disbursement this Period

1640.54

Full Name (Last, First, Middle Initial)

B. Utrecht & Phillips, PLLCMailing Address 1900M Street, NW
S500

City Washington State DC Zip Code 20036

Purpose of Disbursement
Consulting/Legal

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 23 2012

Transaction ID : SB21B.4156

Amount of Each Disbursement this Period

1920.00

Full Name (Last, First, Middle Initial)

C. VisualityMailing Address 598- Executive Drive
Suite A

City Madison State WI Zip Code 53719

Purpose of Disbursement
Consulting/Media

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 23 2012

Transaction ID : SB21B.4152

Amount of Each Disbursement this Period

6789.99

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10350.53

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 9

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Sunrise

Full Name (Last, First, Middle Initial)

A. V SolutionsMailing Address 4 Liberty Square
5th Floor

City Boston State MA Zip Code 02109

Purpose of Disbursement
Consultant Travel

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		23		2012

Transaction ID : SB21B.4151

Amount of Each Disbursement this Period

3285.21

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

3285.21

42162.34

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 9 OF 9
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Sunrise	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00509455 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>	

Full Name (Last, First, Middle Initial) of Payee Visuality		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-right: 5px;"> M M M / D D D / Y Y Y Y Y Y </div>	
Mailing Address 598- Executive Drive Suite A		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; width: 100%;"> 54643.00 </div>	
City Madison	State WI	Zip Code 53719	Transaction ID : SE.4106 Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 18 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Purpose of Expenditure Web Ads - 07/05/12		Category/ Type	
Name of Federal Candidate Supported or Opposed by Expenditure: PATRICK MURPHY		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px; width: 100%;"> 54643.00 </div>	

Full Name (Last, First, Middle Initial) of Payee		Date	
Mailing Address		<div style="display: inline-block; border: 1px solid black; padding: 2px; width: 100%;"> M M M / D D D / Y Y Y Y Y Y </div>	
City	State	Zip Code	Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; width: 100%;"> _____ </div>
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px; width: 100%;"> _____ </div>	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="display: inline-block; border: 1px solid black; padding: 2px; width: 100%;"> 54643.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="display: inline-block; border: 1px solid black; padding: 2px; width: 100%;"> _____ </div>
(c) TOTAL Independent Expenditures.....	<div style="display: inline-block; border: 1px solid black; padding: 2px; width: 100%;"> 54643.00 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Alberto Romero

Signature

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y